



Please type or print in ink.

2013 APR - 2 PM 2:23
2013 APR - 2 PM 2:23

2013 MAR - 6 PM 2:02

NAME OF FILER

(LAST)

MORASCO

(FIRST)

MICHAEL

(MIDDLE)

KETH

1. Office, Agency, or Court

Agency Name

CITY OF ESCONDIDO

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: SPRVOSP

Position: MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of

ESCONDIDO

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State

Date Signed

03/03/13

(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MICHAEL K. MORASCO

NAME OF BUSINESS ENTITY

PTHC, INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

PHYSICIAN THERAPY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$100,001 - \$1,000,000

☐ \$10,001 - \$100,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☒ Other

390 owner

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 12

ACQUIRED

 / / 12

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$100,001 - \$1,000,000

☐ \$10,001 - \$100,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 12

ACQUIRED

 / / 12

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$100,001 - \$1,000,000

☐ \$10,001 - \$100,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 12

ACQUIRED

 / / 12

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$100,001 - \$1,000,000

☐ \$10,001 - \$100,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 12

ACQUIRED

 / / 12

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$100,001 - \$1,000,000

☐ \$10,001 - \$100,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 12

ACQUIRED

 / / 12

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$100,001 - \$1,000,000

☐ \$10,001 - \$100,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / / 12

ACQUIRED

 / / 12

DISPOSED

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>MICHELLE K. MORISCO</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME EMPLOYER
PITAL, INC.
ADDRESS (Business Address Acceptable)
630 S. ANDERSON, SUITE B 92069
BUSINESS ACTIVITY, IF ANY, OF SOURCE
PHYSICAL THERAPY
YOUR BUSINESS POSITION
DIRECTOR OF REHAB. SERVICES
GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Real property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CITY OF ESCONDIDO
ADDRESS (Business Address Acceptable)
201 N. BROADWAY, 92025
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CITY COUNCIL
YOUR BUSINESS POSITION
CITY COUNCIL MEMBER
GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Real property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____